PEDIATRICS.

UNDER THE CHARGE OF

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A Simple Method for Obtaining Sputum in Children.—LEONARD FINDLAY, of Glasgow (*Archives of Pediatrics*, February, 1904, p. 126), referring to the difficulty experienced in obtaining specimens of sputum from young children, describes a method which has been in use for years in the French hospitals, but which he has not found described in any English work. It consists in irritating the pharynx and especially the epiglottis with the forefinger wrapped with a piece of gauze; cough is thus excited, and any expectoration that is coughed up is swept out of the mouth by the finger before it has time to be swallowed. The quantity thus obtained varies, but, as a rule, is sufficient for bacteriological examination. Several attempts may be required, but even in children as young as six months sufficient has been obtained on which to found a diagnosis. This method he has practised as a routine measure for nine months in the Royal Hospital for Sick Children, Glasgow, and with very gratifying results. Many cases of not very well-marked tuberculosis of the lungs were diagnosticated early, even on the day of admission to the hospital, and, with only one exception, no case of pulmonary tuberculosis went to post-mortem examination without the tubercle bacillus having been found in the sputum at some time. In cases of meningitis, also, supervening upon local pulmonary disease, in which there was a doubt as to its being tuberculous or pneumococcic in origin, the finding of the tubercle bacillus in the expectoration removed in the manner described cleared up the diagnosis.

Impetigo and Ecthyma Showing the Diphtheria Bacillus.—RAOUL LABBE and DEMARQUE, of Paris (*Revue mensuelle des maladies de l'enfance*, February, 1904, p. 49), report two cases in young children exhibiting extensive lesions of impetigo and ecthyma, in which were found, besides staphylococci in one case and staphylococci and streptococci in the other, various forms of Klebs-Loeffler bacillus. The same organisms were found in the throats of the patients, and both received injections of Roux's serum (20 c.c.), although no clinical symptoms of faucial diphtheria were observed, and no history of previous sore throat could be elicited in either case. The cutaneous lesions resembled those of a staphylococcic infection, but differed in their slow and chronic evolution. Without doubt, such cases are not exceptional, but the authors have failed to find reference to similar observations in the literature. They advise recourse to bacteriological examination of all cases of impetigo or ecthyma with multiple localizations in children, and that serum should not be neglected as one of the culture media. In such cases serotherapy should be employed early, but local treatment should not be neglected, and here, probably, the method of topical application of antidiphtheritic serum recently suggested by L. Martin (*Comptes-rendus soc. de biologie*, May 16, 1903) may find an appropriate field.

The Open-air Treatment of Bronchopneumonia Complicating Whooping-cough.—Ker (*Scottish Medical and Surgical Journal*, January, 1904) gives the results obtained in the treatment of the complicating bronchopneumonia of whooping-cough by the open-air method, as practised at the Edinburgh City Hospital.

The writer calls attention to the high death rate from this disease, especially among the lower classes and in children living in institutions, and to our helplessness in its treatment.

Although much can be done to secure the patient rest and to maintain his strength, the practical point is some method of successfully treating the bronchopneumonia, which is the cause of death in the vast majority of cases.

The records of the Edinburgh Hospital show a death rate of 71 per cent. for the cases with bronchopneumonia, and statistics from other hospitals give about the same results.

The fact that many of the whooping-cough patients developed bronchopneumonia after admission, evidently from ward infection, influenced the writer to try the open-air treatment. At least any method, however heroic, could hardly increase the death rate.

Many writers have recommended that children suffering from pertussis be allowed out in the open air, but the occurrence of a pulmonary complication is usually said to be a contraindication of this treatment.

The first cases were selected from the worst in the wards, and many of them were regarded as hopeless. They were carried out and left in the open air for about six hours daily, provided it did not rain. No bad results were noted, and there was a very marked improvement in some of them. The children were warmly covered, and the chest was protected with cotton. The main effects of the treatment were as follows: The whoops were unaffected in number or severity. The patients took their food ravenously, and their general strength was improved. They also slept better, and the whole nervous tone of the children was improved. Another practical advantage was the complete rest given the wards for a period of from one to seven hours daily. While one case, which was admitted uncomplicated, developed bronchopneumonia and several had relapses in convalescence, it may be said that under this treatment bronchopneumonia of hospital origin became extinct. As regards the severity of the cases treated there is no doubt at all. Many were admitted cyanosed, with temperatures of 103° F. or 104° F., respirations of 60 to 80, and pulse running from 140 to 170. Even in the favorable cases these symptoms continued for a long time, though the pulse and respiration rate slowly decreased and the cyanosis disappeared.

The writer gives tables of various groups of cases treated over certain periods, the results of which are briefly stated as follows: Treated indoors entirely: cases, 74; deaths, 51; death rate, 66.9 per cent. Treated outdoors partly or entirely: cases, 76; deaths, 24; death rate, 31.5 per cent.